

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO <b>10601600</b>	FILING DATE <b>3</b>	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP			
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TOTAL DEP							TOTAL DEP		
TOTAL CLAIMS							TOTAL CLAIMS		